

Wise Bereavement Team — Refund and Closure form. Wise Europe SA

Upon completion, please submit to: bereavements@wise.com

Full Name of the Deceased _____

Date of birth of the deceased (DD/MM/YYYY) _____

P-Reference / Membership Number (if known) _____

Authority for making the claim (only tick one):

- ☐ Executor (please provide a copy of the Will/Grant of Probate or equivalent. Where there is no Will, please provide evidence of entitlement/Letters of Administration or equivalent).
- ☐ Legal representative of the Executor(s). (please provide the Executor/Personal Representative's authority + relevant documents for the Executor/Personal Representative).
- ☐ Spouse / Registered Legal Partner (please provide a copy of your marriage certificate or legal partnership certification) (applicable with or without a Will) *
- ☐ Other (Please specify what document appoints you and provide attachments if you haven't already). _____

* If you do not have a certificate of executorship or certificate of inheritance (or equivalent) the maximum amount available for withdrawal is 50% of the balance held at Wise, up to a maximum of EUR 5,000.00. This amount will only be refunded to a spouse or registered legal partner.

Claims made by a spouse or registered legal partner should be signed by the spouse or registered legal partner.

Where multiple Executors or Heirs are appointed, the one appointed to represent others must be the claimant. An Authorisation form or letter must be provided separately.

The appointed individual confirms following:

- I confirm that I am authorised to make this claim on behalf of all Executors or Heirs to the Estate, or as the deceased individual's spouse/registered legal partner.

We are only able to refund the amounts to account in the name of an appointed executor, client accounts if represented by a firm or attorney, or estate accounts (mark below).

☐ The account below is nominated for the estate.

Please provide details of the nominated account to which any funds held should be transferred:

Account Holder Name _____

Bank / Financial Institution _____

Account N° / IBAN _____

Sort Code / BIC _____

Type of account (checking/savings) _____

Currency Denomination _____

Reference (optional) _____

Amount to refund:

☐ Full amount of funds are held by the deceased at Wise

☐ Other - please specify _____

We are unable to release funds via cheque or in cash.

If you are not requesting the payout to be in the currency in which we hold the funds at on the Wise Account, you accept any applicable deductions for currency exchange rates and charges.

Please read the below statements carefully before signing. By signing this form, you authorise Wise to:

- Transfer the balance requested above from the deceased's Wise account to your nominated account above in the currency(ies) held at Wise.

I confirm that:

- I have read, understood and accepted the terms of this form.
- That I am entitled to make this claim on the basis of:
 - Having obtained/applied for a Certificate of Executorship (or equivalent);
 - Having obtained/applied for a Certificate of Inheritance (or equivalent);
 - Legally representing the Executor(s) or Heir(s); or
 - Being the deceased's spouse/registered legal partner;
- I indemnify the entire group of Wise entities from any claims associated with this refund request on behalf of the deceased customer's Estate.

Details of the claimant:

I give this indemnity both in my personal capacity and as the Deceased's representative.

Name _____

Date of birth _____

Address (incl. country) _____

Signature: _____

If you are a legal advisor filling in this form on behalf of the deceased's estate:

- I give this indemnity as the authorised claimant.
- I am responsible for any losses or costs incurred by Wise's group of entities as a result of any future claims made against the Estate.

Name of Attorney / Law Firm _____

Law firm's representative _____

Address (incl. country) _____

Signature: _____

We will do our utmost not to contact you unnecessarily during this time. However, in case of missing information or documentation, we may need to contact you using the email address you contacted us from. Should you wish us to use an alternative email address, please confirm.

Email address _____